COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY				DOCKET NO: 42445.40037			
As a below named inventor, I hereby declare that:							
The information given herein is true;							
My residence, post office address and citizenship are as stated below next to my name; I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (if only one name is listed below) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (if plural names are listed below) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED:							
DEVICE FOR THE INSERTION OF DEFORMABLE INTRA-OCULAR LENSES							
the specificat	ion of which (check	only one item belo	w):				
	is attached hereto; was filed on, as United States Application Serial No. and was amended on(if applicable). was filed on April 22, 2004 as PCT International Application Serial No. PCT/CH2004/000242 and was amended under PCT Article 19 (if applicable).						
I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.							
	e the duty to disclos Code of Federal Re			ial to the	e examination of th	is application in accordance	
I hereby claim the benefit under Title 35, United States, §119(e) of any United States provisional application(s) listed below.							
(Filing Date)							
(Application Serial No.) I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America having a filing date before that of the application(s) on which priority is claimed.							
FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 (6 if a Design) MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION THE PRIORITY OF WHICH WHERE PERMITTED IS HEREBY CLAIMED UNDER 35 U.S.C. SEC. 119.							
COUNTRY	APPLICATION OF NUMBER	DATE OF FILING (day, month, year)	DATE O ISSUE (day, mo year)		PRIORITY CLAIMED		
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COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY – Continued					Y -	ATTORNEY'S DOCKET NO: 42445.40037	
des in ti disc	signating the Unite hat/those prior app close material info	d States of Ame plication(s) in the mation as define	rica that is/are listed below an manner provided by the first	ion 120 of any United States appling, insofar as the subject matter of paragraph of Title 35, United Statel Regulations, Section 1.56(a) where sapplication.	feach of the es Code, Se	claims of this application ction 112, I acknowledge	on is not disclosed the duty to
	U.S. APPLIC NO.	ATION	U.S. FILING DATE	PATENTED		PENDING	ABANDONED
							
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	PCT APPLICA	TIONS DESIG	SNATING THE U.S.	-			
	PCT APPLICA		PCT FILING DATE	U.S. SERIAL NUMBERS	ľ		
	.,,,,						
	POWER OF A	TTORNEY: A	a named inventor, I here	eby appoint practitioners asso	ciated with	the Customer Num	ber:
	As my/our atto	rnevs or agen	ts to prosecute this applic	44955 ration and transact all busines	ss in the Pa	atent and Trademark	Office
	connected the	rewith.		attori atta transact all bacilloc			
	Send corresp	ondence to	Song Zhu, Ph.D. Squire, Sanders & Dem One Maritime Plaza, Su San Francisco, CA 941	npsey L.L.P. Song Zh nite 300		one Calls To: u: 415 954-0241	
1	FULL NAME LAST NAME			FIRST NAME		MIDDLE NAME	
	OF INVENTOR	Kammerland	er	René			
	RESIDENCE & CITIZENSHI P	CITY STATE OR FOREIGN COUNT Dietikon Switzerland		JNTRY	COUNTRY OF CITIZENSHIP Switzerland		
	POST OFFICE ADDRESS	STREET Zinggenstras	se 9	CITY Dietikon		STATE OR COUNTRY Switzerland	ZIP CODE CH-8953
2	FULL NAME OF INVENTOR	DE Deinzer NVENTOR RESIDENCE CITY Schlieren CITIZENSHI		FIRST NAME Klaus		MIDDLE NAME	
	RESIDENCE & CITIZENSHI P			STATE OR FOREIGN COUNTRY Switzerland		COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	STREET Alter Zürichw	eg 10c	CITY Schlieren		STATE OR COUNTRY Switzerland	ZIP CODE CH-8952

COMBINED DECLARATION FO	ER OF ATTORNEY -	ATTORNEY'S DOCKET NO: 42445.40037			
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
Signature Of Inventor 1	Signature Of Inventor 2 Was Deiner				
DATE 25 July 2000	DATE 8 Angust 2006				